

**Determination and Findings  
for a  
Sole Source Contract**

**Agency:** Department of Health, Center for Policy, Planning and Evaluation

**Contract No.:** TBD

**Caption:** Antimicrobial Stewardship Assessment

**Proposed Contractor:** Georgetown University, Region Organized Against Resistance (ROAR) Coalition

**FINDINGS**

**1. AUTHORIZATION:**

D.C. Official Code §2-354.04, 27 DCMR 1304, 1700, 1701

**2. MINIMUM NEED:**

The Government of the District of Columbia (District), Office of Contracting and Procurement (OCP) on behalf of Department of Health, Center for Policy, Planning and Evaluation seeks a contractor to assist in understanding the current antimicrobial stewardship activities occurring in the District's healthcare facilities. Assessing these antimicrobial stewardship programs will consist of building out a pre-existing domain from a larger and more general infection control assessment and then implementing the newly expanded domain as part of the larger infection control assessment. Assessing the antimicrobial stewardship programs at various DC healthcare facilities will identify facility and district level gaps with regards to the proper use of antibiotics and controlling the spread of antibiotic resistant infections and enable DC DOH to determine the most efficient and effective mitigation steps. These assessments will also help facilities understand what resources are needed for improving the antimicrobial stewardship activities and provide a clear and direct path to mitigate the risks.

This service would be for one Base year beginning from the date of award with two one (1) one-year Option periods.

**3. ESTIMATED REASONABLE PRICE:**

The estimated fair and reasonable price for this contract is \$90,000.00.

**4. FACTS WHICH JUSTIFY SOLE SOURCE PROCUREMENT:**

The Center for Policy, Planning and Evaluation (CPPE) is proposing to enter into a sole source contract with the Georgetown University Region Organized Against Resistance (ROAR) Coalition to provide antimicrobial stewardship subject matter expertise and

related services. This will be done to assist CPPE with building out an assessment tool that will identify key Antibiotic Resistance (AR) and Antibiotic Use (AU data), which are (or can be) collected and reported by District of Columbia healthcare facilities' antimicrobial stewardship programs. This will ultimately allow important data, signals and trends to be more rapidly detected and made actionable for healthcare facilities, ROAR, CPPE, and federal government partners.

CPPE's desired Antimicrobial Stewardship Assessment outcomes are as follows:

- Use results from a previously conducted AR/AU data capacity and practices assessment to better understand how selected DC healthcare facilities assess and report their AU/AR data to facility leadership, relevant staff and external stakeholders;
- Survey how key resistance and use data are collected and reported by additional DC facilities;
- Complete basic mapping of transfer and referral of high-traffic and highly-connected networks that are identified by antibiogram data and results from a special study that was conducted by CPPE in 2016 (CRE/MDRO prevalence study);
- Identify and prioritize 2-4 facilities (based on identified MDRO prevalence and for high-transmission referral networks) to adopt the National Healthcare Safety Network (NHSN) Antibiotic Use and Resistance (AUR) module; and
- Build on existing Georgetown ROAR platforms and antibiogram activities to develop an easy to use, low-cost, efficient approach to timely (e.g. quarterly) and confidential network monitoring of 2-3 MDROS of highest concern.

#### **Reasonable Qualifications Required to Successfully Provide These Services**

- Experience performing similar scope of work related to designing and implementing antimicrobial stewardship assessment surveys within DC healthcare facilities;
- Experience developing and maintaining a regional antibiogram that includes DC healthcare facilities and is used as a benchmark to inform facility level antimicrobial stewardship activities;
- Expert familiarity with both District and regional level antimicrobial resistance patterns and antimicrobial stewardship programs that are specific to DC healthcare facilities; and
- Longstanding professional relationships with DC healthcare facility infection control physicians and staff members who are integral to driving facility level improvements with regards to antimicrobial stewardship.

**5. CERTIFICATION BY AGENCY HEAD:**

I hereby certify that the above findings are true, correct and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
LaQuandra Nesbitt MD, MPH  
Director, Department of Health

**6. CERTIFICATION BY CONTRACTING OFFICER:**

I have reviewed the above findings and certify that they are sufficient to justify the use of the sole source method of procurement under the cited authority. I certify that the notice of intent to award a sole source contract was published in accordance with Section 404(c) of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Official Code §2-354.04) and that no response was received. I recommend that the Chief Procurement Officer approve the use of the sole source procurement method for this proposed contract.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maureen Hill  
Contracting Officer

**DETERMINATION**

Based on the above findings and in accordance with the cited authority, I hereby determine that it is not feasible or practical to invoke the competitive solicitation process under either Section 402 or 403 of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Law 18-371; D.C. Official Code § 2-354.02 or 2-354.03). According, I determine that the District is justified in the sole source extension method of procurement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
George A. Schutter III  
Chief Procurement Officer